

DOTD VIOLENCE INCIDENT STATEMENT

Name of Person Making Statement: _____

Dist./Sect. (if applicable): _____ Phone No.: _____

Title: _____

INCIDENT STATEMENT

Date of Incident: _____ Location: _____

Incident Duration: _____ a.m./p.m. to _____ a.m./p.m.

Names of Parties Involved:

Witnesses:

Detailed description of incident. Specify WHO, WHAT, WHEN, WHERE, HOW and WHY. (If necessary, attach additional sheets). Completed statement should be forwarded to appropriate district administrator or section head (copy to Headquarters Human Resources).

Signature: _____ Date: _____

NOTE: The contents of this statement will be kept confidential. Its contents will only be released to individuals with a legitimate need to know or if it becomes public record by virtue of an appeal to a court or other adjudicative body.